**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                      |               |                              |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|---|---|--------------------------------------|---------------|------------------------------|------------------|---|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                   |   |   | 19                                   |               |                              |                  | ı | RATE                | FEE                    |                            | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED                         |               | NUMBER EXTRA                 |                  |   | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS                        |   |   | /9 minus 20=                         |               | . 8                          |                  |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS                             |   |   | 2 minus 3 = 10                       |               |                              | 1                |   | X40=                |                        | OR                         | X80=                |                        |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                               |               |                              |                  |   | +135=               |                        | OR                         | +270=               |                        |
| * If   | the difference i  | n column 1 is                             | ess than zero, enter "0" in column 2 |               |                              |                  |   | TOTAL               |                        | OR                         | TOTAL               | 7/0                    |
| CLAIMS AS AMENDED - PART II                    |   |   |                                      |               |                              |                  |   |                     |                        |                            | OTHER               | ,                      |
| (Column 1)                                     |   |   |                                      | (Colui        |                              | (Column 3)       |   | SMALL               |                        | OR                         | SMALL               |                        |
| AMENDMENT A                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUM<br>PREVIO | IBER<br>OUSLY                | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                                | **            |                              | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent   | *   | Minus                                | ***           |                              | =                |   | X40=                |                        | OR                         | X80=                |                        |
| L  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP                          | ENDEN         | T CLAIM                      |                  | ' | +135=               |                        | OR                         | +270=               |                        |
|  |   |   |                                      |               |                              |                  |   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |   | _   |                                      |               | -                            |                  |   |                     |                        |                            |                     |                        |
| AMENDMENT B                                    | ATT 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                                | **            |                              | =                |   | X\$ 9=              |                        | OR                         | X\$18≃              |                        |
|  | Independent   | *   | Minus                                | ***           | T CLAIM                      | [=               | H | X40=                |                        | OR                         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                      |               |                              |                  | , | +135=               |                        | OR                         | +270=               | •                      |
|  |   |   |                                      |               |                              |                  |   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |   | (Column 1)                                |                                      |               | mn 2)                        | (Column 3)       | _ |                     |                        |                            |                     |                        |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                                | **            |                              | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|  | Independent   | *   | Minus                                | ***           |                              | =                | ] | X40=                |                        | OR                         | X80=                |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |               |                              |                  |   |                     |                        |                            | 070                 |                        |
| +135=  |   |   |                                      |               |                              |                  |   |                     |                        | OR                         | +270=               |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or ledges and part of the bighest number found in the appropriate box in column 1. |   |                                      |               |                              |                  |   |                     |                        |                            |                     |                        |